NATIONAL Assessment Centre Service	es per i James .	MUNA 119061	186.	
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Assessi	nent/Survey Report			
TP Insurers Ass't R	eport by Fax / Hand t	o Owner/Wksn		
Preferred Wiesp / INC Assign Wiesp / QW: (and the principle of th	Tol:	Fax:	esembroundsemment.
TP Particulars: Veh No: 567 813	oll INC()/Non-INC ()	
Owner / Driver: (<u> </u>	Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. St	ntus (WO): N: 0-20	0%; P: 21-79%. P	2: 80-100	%]
Year of Registration: () Warranty; Y	BS()/NO() 5/4		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	11/05/2019 11:00
Date Of Accident	10/05/2019 22:10
Exact Location Of Accident	PIE TWDS TUAS B4 ENG NEO EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	ER128L
Insured/Policyholder	
Name Of Registered Owner	KEH SIEW KHIM
NRIC No	S6840236J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96427434
Alternative Phone No	OFFICE-96427434
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107842834
Cover Note Number	
Driver	
Name of Driver	CHEN CHOON KHEE
NRIC No	S1815385H
Date Of Birth	16/05/1967
Occupation	INDOOR
Date Of Driving Pass	30/10/1984
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98167778
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 350 CHOA CHU KANG CENTRAL #01-363

Postcode

680350

SPOUSE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGJ8130U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding
 of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

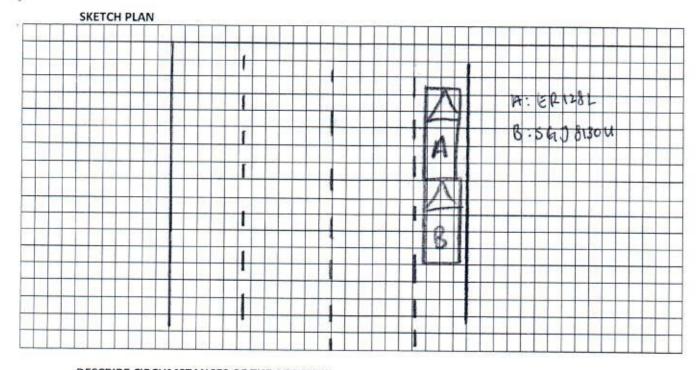
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - Investigations the accident and/or my claims;
 - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mail packages); and/or
 - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



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DECLAF	ATION	J												

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time:

Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.

- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
10 5 2019	(DD/MM/YY)
(0:10 pm	(HH:MM)
PIE towards Two before Eng Neo Exot.	(
	10 5 2019 10:10 pm

No. of the last of	DETA	AILS OF VEHICLE				
Vehicle registration number	ER 128L					
Vehicle make and model	Toyota Estim					
Type of vehicle		MPV □ CRV □ Van □ Bus □ Motorcycle □ Others:				
Vehicle category	Private	Commercial Motorcycle				
Purpose of using at said time		· ·				
Are you claiming under your own insurance company?	Yes No Third part claim	if no, please select: Reporting only				

A Section of the last	INSURANCE IN	FORMATION	The successful designation of the
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Hardware Charles Indian	INSURED / POLICY HOLDER	STATE OF THE REAL PROPERTY.
Name	ken siew killing Male -	Female 🗷
NRIC / Fin / Passport number	368402363	
Contact	9642 7434	
Address	BIK 350 (HOLA CHU KAN) (1 CENTRAL #01-363 5 (660350)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	CHEN CHOON KHEE Males	Female
NRIC / Fin / Passport number	31815385 H	
Contact	9816 7778	
Address	BIE 350 CHOIA CHU KHNY CONTRIAL 4101-363	
Email address		
Date of birth	16-05-1967	
Occupation	Indoor Outdoor	
Driving date pass	30 100 1984	

	GENERAL	INFORMAT	TION OF THE	ACCIDENT		
Was driver an employee of	Yes 🗆	No 🗹				
the insured's company?	If no, rela	ationship o	f the driver a	nd insured:	Owner	
Accident captured by camera?	Yese	No 🗆				
Weather condition	Clear	Raining	g □ Oth	ers:		
Road surface	Drye	Wet 🗆				
No of passenger	01				(Inclus	ive of driver
Market E. A. R.	THE WAY	PASSE	NGER 1	ST. Francisco	A Marian	
Name						
Gender	Male Ø	Female				
		PASSE	NGER 2	Section 1	THE REAL PROPERTY.	NAME OF THE OWNER.
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Gender	Male 🗆	Female				
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		DASSE	NGER 4			
Name		FASSE	NGER 4			
Gender	Male 🗆	Female 1	1			
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Name		PASSE	NGER 6	Labra de la company		
Gender	Male 🗆	Female c				
Gender	Iviale	remale L	J			
		OTHER INC	ORMATION			
Was anybody injured?	Yes 🗆	No 🗷	ORMATION			
Was other vehicle damaged?	Yes	No 🗆				
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Name and Address of the Owner, where the Owner, which is the Ow	DETAIL	C OF BOLLS	- CTATION A	CTION .		
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Name						

THIRD PARTY VEHICLE 1				
Vehicle registration number	5GJ 8(30 U			
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

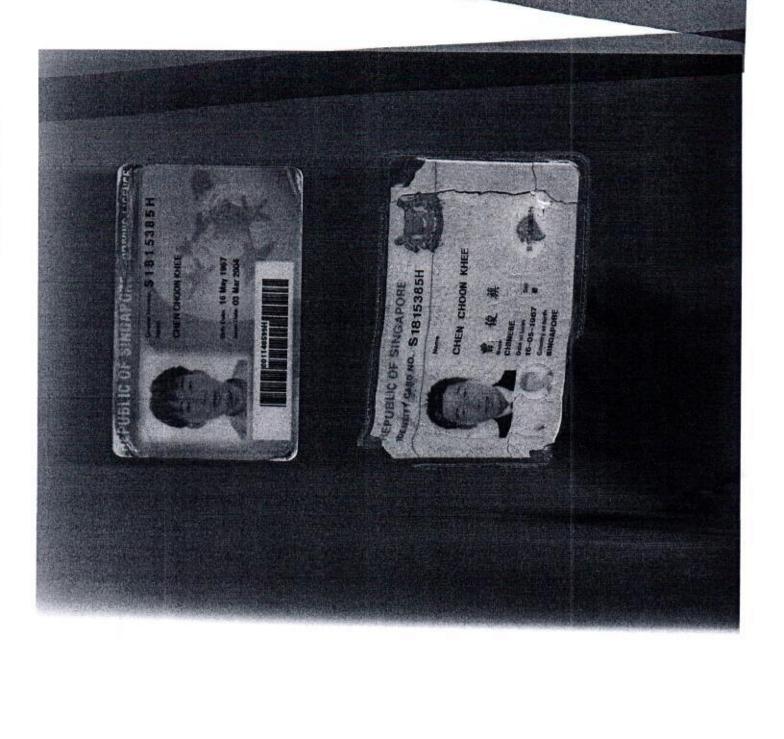
THIRD PARTY VEHICLE 4				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 5					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

THIRD PARTY VEHICLE 6				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 7				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

Name		INJU	RED PERSON 1
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes□	Maria	
Was injured conveyed to		No 🗆	
hospital by ambulance?	Yes 🗆	No 🗆	
nospital by ambulance:	-		
Name		INJUR	RED PERSON 2
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	New	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	162 🗆	No 🗆	
mospital by ambulance:			
THE PERSON NAMED IN COLUMN			
Name	1	INJUR	RED PERSON 3
Injuries sustained			
Which vehicle person in?	1		
Were seat belts worn?	Yes 🗆	No	
Was injured conveyed to	Yes	Non	
hospital by ambulance?	162 [MOD	
		-	/
ALTO CONTRACTOR OF THE PARTY OF		INIII KO	ED PERSON 4
Name	-	The state of the s	ED PERSON 4
Injuries sustained	-	1	
Which vehicle person in?		/	
Were seat belts worn?	Yes 🗆 /	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	/		
	1	- 7.5-77	
	- Contract	INJUR	ED PERSON 5
Name	X		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Market Street	THE PARTY	INJURE	ED PERSON 6
Name /			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	1.4.4	0.15	
	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	







eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 10/05/2019 10:56 Vehicle No.(For Motor) ER128L Certificate Number Search Certificate Policyholder Name Policyholder NRIC Select Policy No. Vehicle Commence Date Product Cover Type Insured Number Expiry Date Object KEH SIEW drivo 5107842834 \$68402363 GPC ER128L ER128L 09/03/2019 08/03/2020 KHIM CLASSIC Continue

Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1044043 Policy No. 5107842834 Vehicle No. ER128L GST Registration No. Certificate No. Policyholder Name KEH STEW KHIM Policyholder NRIC \$6840. Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Loading 0 Contact No.(Mobile) 96427434 Contact No.(Office) Contact No. (Home) Email Address Special Remark eCode No T » No Yes TCA • No Yes eCode Reason NCD Protection NCD Entitlement(%) 50 Private Hire No Accident Details Report Date 11/05/2019 15:39 Accident Report Within 24 hrs Accident Type Collisio Date of Accident 10/05/2019 Time of Accident hh:mm 22:10 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location PIE TWDS TUAS B4 ENG NEO EXIT Total Excess Applicable Excess Type Par Accident Windscreen Excess 100.00 OD Standard Excess 600.00 TP Standard Excess 0.00 YIED OD Excess 0:00 YIED TP Excess 0.00 Driver is Covered? Covere Additional Excess 0.00 Total OD Excess Applicable 600.00 Total TP Excess Applicable 0.00 → Benefits No GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 BLK 350 #01-363 Address 2 CHOA CHU KANG CENTRAL Address 3 SINGA Address 4 Address Type Singapore address Post Code 680351 Unit No. Related Policy Number 5107842834 OI Driver Info Driver Name CHEN CHOON KHEE Driver Type Named Driver Unnamed driver Name Driver NRIC \$1815385H Driver DOB Register Date of Driver License 30/10/1985 Driver Age 51 Driving Experience 33 Contact No.(Mobile) 98167778 Contact No.(Office) Contact No.(Home) Address 1 BLK 350 #01-363 Address 2 CHOA CHU KANG CENTRAL Address 3 SINGA Address 4 Address Type Singapore address Post Code 680351 Unit No. 01-363 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes a No Modification History Claim 001 New Claim Type * OD-MX Insured Name KEH SIEW KHIM Contact Contact No.(Mobile) 96427434 NII, OI Vehicle Numbe Email Address [anicekeh@yahoo.com.sg ER128L Claim Description ER128L / SGJ8130U ON 10 May 2019 Preferred Preferred Preferred Workshop, Nat Option Workshop Bonues No. Yes Finalisation GIA Received Preferred Workshop, Name unknown Date Registered 11/05/2019 15:42 Close Report Taken By

Attachment

Print AK letter

LIEW SHAN HUI

Save Submit



https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do